

T I T L E   X I X   R E P O R T   O F   E X P E N D I T U R E S  
(BY CATEGORY OF SERVICE)  
(MONTHLY TOTALS AS OF 05/31/18)

CATEGORY OF SERVICE	RECIPIENTS SERVED	NUMBER OF CLAIMS	UNITS OF SERVICE	TOTAL PAYMENT	* * * * * A V E R A G E S * * * * *			
					COST PER UNIT OF SERVICE	COST PER ELIGIBLE RECIPIENT	UNITS PER RECIPIENT SERVED	COST PER RECIPIENT SERVED
INPATIENT	1,416	1,426	7,902	\$12,718,209.23	\$1,609.49	\$20.74	5.6	\$8,981.79
OUTPATIENT	9,172	12,831	748,974	\$3,576,328.88	\$4.77	\$5.83	81.7	\$389.92
CHILD PART HOSP	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
CHILD DAY TREATMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
ADULT PART HOSP	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
ADULT DAY TREATMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
SKILLED NURSING FACILITY	81	96	1,601	\$246,191.02	\$153.77	\$0.40	19.8	\$3,039.40
IHAWP IOWA PLAN LITE	4	0	8-	\$218.62-	\$27.33	\$0.00	2.0-	\$54.66-
IHAWP IOWA PLAN FULL	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
IHAWP HMO	3	0	6-	\$2,172.70-	\$362.12	\$0.00	2.0-	\$724.23-
IHAWP PCP	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
INTERMEDIATE CARE FACILITY	787	940	25,646	\$5,436,222.11	\$211.97	\$8.86	32.6	\$6,907.52
INTER CARE MENTAL RETARDA	37	39	937	\$381,411.31	\$407.06	\$0.62	25.3	\$10,308.41
NURSING FAC FOR MENTAL ILL	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
HOME HEALTH	1,947	1,535	1,258,989	\$2,240,970.80	\$1.78	\$3.65	646.6	\$1,150.99
LEAD INSPECTION AGENCY	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PHYSICIAN	15,828	29,245	62,468	\$1,558,832.02	\$24.95	\$2.54	3.9	\$98.49
CLINIC SERVICES	2,943	3,987	4,515	\$2,388,285.42	\$528.97	\$3.89	1.5	\$811.51
MEP CASE MANAGEMENT	1	0	0	\$43,787.78-	\$0.00	\$0.07-	.0	\$43,787.78-
EHR INCENTIVE PAYMENTS	1	0	0	\$734,835.11-	\$0.00	\$1.20-	.0	\$734,835.11-
LAB AND RADIOLOGICAL	1,769	2,316	5,321	\$85,901.49	\$16.14	\$0.14	3.0	\$48.56
HABILITATION SERVICES	43	144	1,049	\$93,538.62	\$89.17	\$0.15	24.4	\$2,175.32
BEHAVIORAL HLTH INTERVENTN SVC	179	639	6,212	\$136,046.06	\$21.90	\$0.22	34.7	\$760.03
REHAB SUPPORT SERVICES	1	4	21	\$1,072.47	\$51.07	\$0.00	21.0	\$1,072.47
AMBULANCE SERVICES	511	590	574	\$61,938.92	\$107.91	\$0.10	1.1	\$121.21
LOCAL EDUCATION AGENCY	2,891	69,295	637,117	\$9,844,905.84	\$15.45	\$16.05	220.4	\$3,405.36
INFANT TODDLER	281	535	1,143	\$15,961.17	\$13.96	\$0.03	4.1	\$56.80
IHAWP WELLNESS EXAM BONUS	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
ACO VIS PAYMENTS	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PRESCRIBED DRUGS	6,968	25,019	20,117	\$1,062,532.81	\$52.82	\$7.14	2.9	\$152.49
IOWA-PLAN-PMIC	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
DRUG CAPITATION	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
NEMT SERVICES	14,604	15,844	15,836	\$38,165.17	\$2.41	\$0.06	1.1	\$2.61
INDIAN HEALTH SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
FAMILY PLANNING SERVICES	327	390	384	\$18,115.12	\$47.17	\$0.03	1.2	\$55.40
IOWA CARE MED HOME CAPITATION	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
IOWA PLAN PROGRAM	2	0	6-	\$186.14-	\$31.02	\$0.00	3.0-	\$93.07-
MANAGED SUBSTANCE ABUSE	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
MENTAL HEALTH ACCESS PLAN	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
EPSDT SCREENING	3,945	4,064	4,064	\$502,606.90	\$123.67	\$9.60	1.0	\$127.40
HMO SERVICES	1	0	6-	\$1,406.22-	\$234.37	\$0.50-	6.0-	\$1,406.22-
PACE SERVICES	460	460	460	\$1,722,885.79	\$3,745.40	\$2.81	1.0	\$3,745.40
PATIENT MANAGEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
HEALTH INS PREMIUM PAYMENT	2,712	6,833	6,833	\$579,292.51	\$84.78	\$0.94	2.5	\$213.60
MEDICAL SUPPLIES	2,167	3,435	141,388	\$263,711.69	\$1.87	\$1.77	65.2	\$121.69
HEALTH HOME PROVIDER	537	663	663	\$99,183.78	\$149.60	\$0.16	1.2	\$184.70
TCM PAYMENTS TO IOWAPLAN	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
IHAWP QHP	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
MCO	733,070	571,060	569,470	\$421,909,759.10	\$740.88	\$687.93	.8	\$575.54

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OTHER PRACTITIONER	6,017	23,256	36,477	\$2,342,451.52	\$64.22	\$3.82	6.1	\$389.31
FAMILY CENTERED PROGRAM	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
FAMILY PRESERVATION	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
TREATMENT FOSTER FAMILY CARE	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
GROUP TREATMENT THERAPY	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
DENTAL	22,662	26,016	26,062	\$3,802,743.03	\$145.91	\$25.56	1.2	\$167.80
ACCOUNTABLE CARE ORGANIZATIONS	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
OPTOMETRIST	808	814	904	\$45,410.51-	\$50.23-	\$0.07-	1.1	\$56.20-
CHIROPRACTIC	699	971	1,180	\$22,119.85	\$18.75	\$0.15	1.7	\$31.64
IOWA-PLAN-HAB	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PODIATRIC	469	354	459	\$17,025.07	\$37.09	\$0.03	1.0	\$36.30
DELTA DENTAL	303,535	306,638	306,214	\$5,201,228.95	\$16.99	\$8.48	1.0	\$17.14
PHYSICAL DISABILITIES SVCS	8	12	2,060	\$6,324.02	\$3.07	\$0.01	257.5	\$790.50
BRAIN INJ WAIVER SERVICES	156	332	16,424	\$219,120.04	\$13.34	\$0.36	105.3	\$1,404.62
PSYCHIATRIC	1,539	2,271	2,692	\$165,075.62	\$61.32	\$0.27	1.7	\$107.26
RESIDENTIAL CARE FACILITY	516	552	15,434	\$113,073.51	\$7.33	\$0.18	29.9	\$219.13
ID WAIVER SERVICE	908	1,569	92,771	\$2,255,286.62	\$24.31	\$187.63	102.2	\$2,483.80
CHILDRENS MENTAL HEALTH SVC	43	65	10,182	\$40,364.80	\$3.96	\$41.06	236.8	\$938.72
AIDS WAIVER SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
ELDERLY WAIVER SERVICES	186	145	5,660	\$59,423.66	\$10.50	\$7.31	30.4	\$319.48
ILL & HANDICAPPED WAIVER SVCS	359	445	31,388	\$543,537.18	\$17.32	\$246.28	87.4	\$1,514.03
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
MEP SERVICES	829	1,493	7,979	\$497,300.88	\$62.33	\$0.81	9.6	\$599.88
UNASSIGNED	1	0	0	\$319,981.89	\$0.00	\$0.52	.0	\$319,981.89
* A L L C A T E G O R I E S *	754,998	1,116,323	4,077,544	\$479,759,107.79	\$117.66	\$782.25	5.4	\$635.44

\*\*\* END OF REPORT \*\*\*